

Senate

General Assembly

File No. 183

February Session, 2000

Substitute Senate Bill No. 549

Senate, March 22, 2000

The Committee on Insurance and Real Estate reported through SEN. BOZEK of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

An Act Concerning Filing Requirements For Large Commercial Risk Insurance.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 38a-676 of the general statutes is repealed and the following is substituted in lieu thereof:
- 3 (a) [With] Except as provided in subsection (d) of this section, with 4 respect to rates pertaining to commercial risk insurance, and subject to 5 the provisions of subsection (b) of this section with respect to workers' compensation and employers' liability insurance, on or before the 6 7 effective date [thereof] of such insurance, every admitted insurer shall submit to the Insurance Commissioner for [his] the commissioner's 8 9 information, except as to inland marine risks which by general custom 10 of the business are not written according to manual rates or rating 11 plans, every manual of classifications, rules and rates, and every 12 minimum, class rate, rating plan, rating schedule and rating system 13 and any modification of the foregoing which it uses. Such submission

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by a licensed rating organization of which an insurer is a member or subscriber shall be sufficient compliance with this section for any insurer maintaining membership or subscribership in such organization, to the extent that the insurer uses the manuals, minimums, class rates, rating plans, rating schedules, rating systems, policy or bond forms of such organization. The information shall be open to public inspection after its submission.

(b) Each filing as described in subsection (a) of this section for workers' compensation or employers' liability insurance shall be on file with the Insurance Commissioner for a waiting period of thirty days before it becomes effective, which period may be extended by the commissioner for an additional period not to exceed thirty days if [he] the commissioner gives written notice within such waiting period to the insurer or rating organization which made the filing that [he] the commissioner needs such additional time for the consideration of such filing. Upon written application by such insurer or rating organization, the commissioner may authorize a filing which [he] the commissioner has reviewed to become effective before the expiration of the waiting period or any extension thereof. A filing shall be deemed to meet the requirements of sections 38a-663 to 38a-697, inclusive, unless disapproved by the commissioner within the waiting period or any extension thereof. If, within the waiting period or any extension thereof, the commissioner finds that a filing does not meet the requirements of said sections, [he] the commissioner shall send to the insurer or rating organization which made such filing written notice of disapproval of such filing, specifying therein in what respects [he] the commissioner finds such filing fails to meet the requirements of said sections and stating that such filing shall not become effective. Such finding of the commissioner shall be subject to review as provided in section 38a-19.

(c) [The] Except as provided in subsection (d) of this section, the form of any insurance policy or contract the rates for which are subject

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to the provisions of sections 38a-663 to 38a-697, inclusive, other than 46 47 fidelity, surety or guaranty bonds, and the form of any endorsement 48 modifying such insurance policy or contract, shall be filed with the 49 Insurance Commissioner prior to its issuance. The commissioner shall 50 adopt regulations, in accordance with the provisions of chapter 54, 51 establishing a procedure for review of such policy or contract. If at any 52 time the commissioner finds that any such policy, contract or 53 endorsement is not in accordance with such provisions or any other 54 provision of law, [he] the commissioner shall issue an order 55 disapproving the issuance of such form and stating [his] the reasons 56 therefor. The provisions of section 38a-19 shall apply to any such order 57 issued by the commissioner.

- (d) The provisions of this section shall not apply to large commercial risk insurance. For purposes of this section, "large commercial risk" means commercial insurance, except workers compensation and professional liability insurance, where the insured certifies that it: (1) 62 Pays annual net aggregate commercial insurance premiums of fifty thousand dollars or more, (2) employs a full time risk manager or procures its insurance through a licensed independent agent or licensed insurance consultant, and (3) (A) generates annual net revenues or sales in excess of ten million dollars, (B) employs more than twenty-five employees per individual insured or more than fifty employees per holding company in the aggregate, (C) has a net worth in excess of twenty-five million dollars, or (D) is a not-for-profit organization or a public body or agency generating annual budgeted expenditures of at least twenty-five million dollars.
 - Sec. 2. Section 38a-327 of the general statutes is repealed and the following is substituted in lieu thereof:
 - [On or before April 1, 1988, the] <u>The</u> Insurance Commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish standards for insurance policies written on a claims-made

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basis. Such regulations shall not apply to large commercial risks as defined in section 38a-676, as amended by this act.

- Sec. 3. Section 38a-741 of the general statutes is repealed and the following is substituted in lieu thereof:
 - (a) The commissioner shall maintain on a current basis a list of those lines of insurance or their components for which coverages are believed by the commissioner to be generally unavailable from licensed insurers. The commissioner shall republish the list and make it available to all licensees every six months. Any person may request in writing that the commissioner add or remove a line of insurance or its component from the current list at the next publication of the list. The commissioner's determinations of lines of insurance or their components to be added to or removed from the list shall not be subject to chapter 54 provided prior to making determinations, the commissioner shall provide opportunity for comments from interested persons.
 - (b) [When any] Except with respect to a large commercial risk, as defined in section 38a-676, as amended by this act, when a policy of insurance is procured under the authority of such license providing a line of insurance or its component which does not, on the effective date of coverage, appear on the current published list, there shall be executed, both by the licensee and by the insured, affidavits setting forth facts showing that such insured and such licensee were unable after diligent effort to procure, from any authorized insurer or insurers, the full amount of insurance required to protect the interest of such insured, and further showing that the amount of insurance procured from an unauthorized insurer or insurers is only the excess over the amount so procurable from authorized insurers. Such affidavits shall be filed by such licensee with the commissioner [within] not later than forty-five days after such policies have been procured.

INS Committee Vote: Yea 10 Nay 7 JFS

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Affected Agencies: Department of Insurance

Municipal Impact: None

Explanation

State Impact:

The Department of Insurance will have a minimal workload decrease as a result of the passage of this bill. The bill specifies that large commercial risk insurers are not subject to section 38a-676 which states that a manual of classifications, rules and rates, class rates, rating and rating systems are not required to be submitted to the Insurance Commissioner for review.

OLR Bill Analysis

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AN ACT CONCERNING FILING REQUIREMENTS FOR LARGE COMMERCIAL RISK INSURANCE.

SUMMARY:

This bill exempts "large commercial risk" from the following requirements if the insured satisfies certain financial criteria: (1) rate and policy or contract form filing requirements, (2) the affidavit requirement the insured and insurance producer must sign when they buy insurance that is not readily available in the state, and (3) regulations for insurance written on a claims-made basis. The exemptions do not apply to workers' compensation and professional liability insurance.

Under current law, most commercial risk insurance rates, policy or contract forms, and any modification of them must be filed with the insurance commissioner for his review before they become effective or are issued.

EFFECTIVE DATE: October 1, 2000

EXEMPTION CRITERIA

The bill requires the insured to certify to the following financial conditions to qualify for the large commercial risk exemptions:

- 1. he pays \$50,000 or more in annual net aggregate commercial insurance premiums,
- 2. he employs a full-time risk manager or buys insurance through a licensed independent agent or insurance consultant, and
- 3. he generates in excess of \$10 million in net annual revenue or sales, employs more than 25 employees or more than 50 in the aggregate if a holding company, and has a net worth in excess of \$25 million or generates annual budgeted expenditures of at least \$25 million if

a not-for-profit organization or a public body or agency.

BACKGROUND

Affidavit Requirement

By law, the commissioner must maintain and periodically publish a list of insurance coverages that he believes are generally unavailable from licensed insurers in the state. Surplus line brokers are permitted to obtain from unlicensed insurers coverage identified on the list under certain circumstances. If the broker obtains coverage not on the list, the insured and broker must sign an affidavit stating that, after diligent efforts, they were unable to obtain full coverage from an insurer licensed in the state and that the amount of insurance obtained from the unlicensed insurer was only excess over the amount obtained from a licensed insurer.

Claims-Made Policy Regulations

The regulations specify the types of risks that may be covered by a claims-made policy, and sets minimum standards, disclosure, and notice requirements for policies written on a claims-made basis.

"Claims-made policies" cover liability for injury or damage that the insured is legally obligated to pay that arise out of incidents, acts or omissions, as long as the claim is first made during the policy period or any extended reporting period.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute Yea 10 Nay 7